

## Example of Optional Nursing Assessment Worksheet for PCS-Plus for Case 2

### North Carolina Division of Medical Assistance (DMA) Optional Nursing Assessment Worksheet for PCS-Plus

Case 2

Medicaid Recipient Name: <u>Stella Smith</u>	Date of Assessment: <u>11/7/03</u>
Assessment Completed by: <u>Rene' Realnurse, RN</u>	Agency Name: <u>Best Care, Inc</u>

The DMA-3000 provides a general evaluation of the client's medical and functional health (ADL/IADL) needs. This Optional Nursing Assessment Worksheet documents medical/nursing needs that may qualify the client for PCS-Plus services. Please note observations that document the client's condition specific to the criteria. A provider agency may choose to use its own forms in lieu of the Optional Nursing Assessment Worksheet to document the client's qualification for PCS-Plus. Forms used in lieu of the Optional Nursing Assessment Worksheet must clearly document assessment observations that specify individual client needs in identified PCS-Plus criteria.

Category	Description (Observation: specify)	Diagnosis (medical & nursing indicators)
<b>Cognitive/Perceptual</b> Orientation, memory, judgment, sensory deficits, developmental, emotional status, behavioral, seizures, pain, vision, hearing	Alert, oriented to person, place. Forgetful @ times. Had CVA x 2, 1st 97 @ sided weakness, 2nd 2002 @ swallow deficit. No headaches @ times - relieved @ tylenol	① CVA @ sided weakness ② CVA @ swallow deficit
<b>Nutrition/Metabolic</b> Diet, type and method (oral, enteral, parenteral), appetite, eating problems, swallowing, weight changes, skin integrity NA II Task: <u>Tube fed</u>	Tube fed. Peg placed in 10/03 due to wgt loss, problems @ feeding & not able to take in enough foods. No skin breakdown @ present. Peg site - no S/S infection/irritation	Wgt loss swallowing deficit Nsg. potential complications @ immobility, potential aspiration Ensure Plus NA II Task: <u>Tube feeding</u>
<b>Elimination (Bowel/bladder)</b> Digestive problems, constipation, use of laxatives/enemas, continence (frequency) and continence management, catheter (type and frequency), ostomy (type/care) NA II Task: <u>0</u>	Regular soft BM, occasional incontinence. Urine uses BSC. @ help, incontinence @ times due to urgency/problems @ transfer	Incontinence potential skin breakdown NA II Task: <u>0</u>
<b>Activity/Exercise</b> Activity, ambulatory status/assistance, assistive devices, bed mobility, paralysis, weakness, history of falls, pain, musculoskeletal	@ sided weakness, transfers to chair, BSC @ max assistance uses wheelchair.	@ sided weakness needs assist @ bath, toilet and ADL's. immobility, at risk falls
<b>Respiratory</b> COPD, respiratory status, use of O <sub>2</sub> (type/method/frequency), dyspnea, SOB, history of asthma, TB,	Lungs clear, skin w/d, color - good. @ smoker. Denies SOB	NA II Task: <u>0</u>
<b>Cardiovascular</b> Heart disease, pacemaker, blood pressure, pain	HTN - tx @ medications. CVA x 2 - 1997, 2003	Hypertension Nsg. immobility
<b>Medications/Medical Treatment/Monitoring</b>	① 4 medications - family manages ② BP monitoring - due to HTN stable in last 1 @ year.	